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# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **August 16-31, 2005**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

# APPLICATION FOR FEDERAL ASSISTANCE

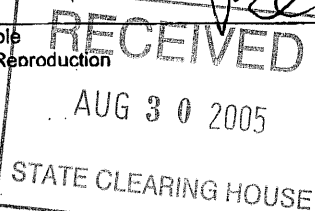
OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> July 26, 2005	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> 7-29-05	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: ROUGH AND READY FIREPROTECTION DISTRICT		Organizational Unit:	
Address (give city, county, State, and zip code): PO BOX 10 ROUGH AND READY, CA 95975		Name and telephone number of person to be contacted on matters involving this application (give area code) DON W GANNON, CHIEF 530 432-1140	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 68-0283425		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div>           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            (G) Special District         </div> <div>           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify) _____         </div> </div> <div style="text-align: right; margin-top: -20px;"> <input checked="" type="checkbox"/> G         </div>	
<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New           <input type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____		<b>9. NAME OF FEDERAL AGENCY:</b> USDA Rural Development	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="text-align: right;">10-766</div> TITLE: Community Facilities Loan		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> BUILD NEW FIRE STATION IN TOWN	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> NEVADA COUNTY			
<b>13. PROPOSED PROJECT</b> FIRE STATION		<b>14. CONGRESSIONAL DISTRICTS OF:</b> JOHN DOOLITTLE #4	
Start Date 4/06	Ending Date 4/07	a. Applicant 4	b. Project 4
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 538,300.00	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>            AUG 31 2005            STATE CLEARING HOUSE         </div>	
b. Applicant	\$ 300,000.00		
c. State	\$		
d. Local	\$		
e. Other sale of BLDG	\$ 200,000.00		
f. Program Income	\$	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 8-30-05 b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
g. TOTAL	\$ 1,038,300.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
a. Type Name of Authorized Representative DON W. GANNON		b. Title CHIEF	c. Telephone Number 530 432-1140
d. Signature of Authorized Representative 		e. Date Signed 7-29-05	

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APPLICATION FOR  
FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: California Department of Pesticide Regulation			Organizational Unit: Department:		
Organizational DUNS: 80032197			Division:		
Address: Street: P.O. Box 4015			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: David		
City: Sacramento			Middle Name: Charles		
County: Sacramento			Last Name: McCarthy		
State: CA		Zip Code: 95812	Suffix:		
Country: USA			Email: dmccarty@cdpr.ca.gov		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 68-0325102			Phone Number (give area code) (916) 323-4995		Fax Number (give area code) (916) 445-4149
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) A			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) A. State Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 66-700			<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Environmental Protection Agency		
TITLE (Name of Program):			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Consolidated Cooperative Agreement		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b>					
<b>13. PROPOSED PROJECT</b> Start Date: July 1, 2005 Ending Date: June 30, 2006			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant State of California b. Project Statewide		
<b>15. ESTIMATED FUNDING:</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal \$ 1,168,776.00			a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant \$ .00			DATE:		
c. State \$ 354,191.00			b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local \$ .00			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other \$ .00			<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
f. Program Income \$ .00			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL \$ 1,522,967.00					
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
<b>a. Authorized Representative</b>					
Prefix		First Name Mary-Ann		Middle Name	
Last Name Warmerdam				Suffix	
b. Title Director		c. Telephone Number (give area code) (916) 445-4000			
d. Signature of Authorized Representative		e. Date Signed May 31, 2005			

Previous Edition Usable  
Authorized for Local ReproductionPaul Gosselin  
Deputy DirectorStandard Form 424 (Rev. 9-2003)  
Prescribed by GSA FPMR (41 CFR) 101-11.6JUN 06 2005  
GMO, PMD-7

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>  <b>3. DATE RECEIVED BY STATE</b>  <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Applicant Identifier  State Application Identifier  Federal Identifier
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<b>5. APPLICANT INFORMATION</b> Legal Name: <b>KERN RIVER VALLEY CEMETERY DISTRICT</b>		Organizational Unit: Department:  Division:																											
Organizational DUNS:  Address: Street: <b>8441 BURLANDO ROAD P.O. BOX 215</b> City: <b>WOFFORD HEIGHTS, CA. 93285</b> County: <b>KERN</b> State: <b>CA.</b> Zip Code <b>93285</b> Country:	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: <b>760 376-2031</b> First Name: <b>RANDY</b> Middle Name <b>ANTHONY</b> Last Name <b>KYT</b> Suffix: <b>CELL 760 549-3468</b> Email: <b>KRVCWATCHMAN@AOL.COM</b>																												
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <b>77-0446516</b>	Phone Number (give area code) <b>760 376-2031</b> Fax Number (give area code) <b>760 376-2788</b>																												
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)  Other (specify)	<b>7. TYPE OF APPLICANT: (See back of form for Application Types)</b> <b>G. SPECIAL DISTRICT</b> Other (specify)																												
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <b>N/A</b> TITLE (Name of Program):	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <b>WATER SUPPLY TO CEMETERY DISTRICT</b>																												
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> <b>CEMETERY GROUNDS</b>	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant b. Project																												
<b>13. PROPOSED PROJECT</b> Start Date: <b>A.S.A.P.</b> Ending Date: <b>A.S.A.P. DEPENDS ON GRANT</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																												
<b>15. ESTIMATED FUNDING:</b> <b>\$62,700</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%;">.00</td> <td style="width:10%;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>.00</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>.00</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>.00</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>.00</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>.00</td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>.00</td> <td>.00</td> </tr> </table>	a. Federal	\$	.00	.00	b. Applicant	\$	.00	.00	c. State	\$	.00	.00	d. Local	\$	.00	.00	e. Other	\$	.00	.00	f. Program Income	\$	.00	.00	g. TOTAL	\$	.00	.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
a. Federal	\$	.00	.00																										
b. Applicant	\$	.00	.00																										
c. State	\$	.00	.00																										
d. Local	\$	.00	.00																										
e. Other	\$	.00	.00																										
f. Program Income	\$	.00	.00																										
g. TOTAL	\$	.00	.00																										
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																													
<b>a. Authorized Representative</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Prefix</td> <td style="width:35%;">First Name <b>RANDY</b></td> <td style="width:25%;">Middle Name <b>ANTHONY</b></td> </tr> <tr> <td>Last Name <b>KYT</b></td> <td colspan="2">Suffix</td> </tr> <tr> <td>b. Title <b>MANAGER</b></td> <td colspan="2">c. Telephone Number (give area code) <b>760 376-2189</b></td> </tr> <tr> <td>d. Signature of Authorized Representative</td> <td colspan="2">e. Date Signed</td> </tr> </table>				Prefix	First Name <b>RANDY</b>	Middle Name <b>ANTHONY</b>	Last Name <b>KYT</b>	Suffix		b. Title <b>MANAGER</b>	c. Telephone Number (give area code) <b>760 376-2189</b>		d. Signature of Authorized Representative	e. Date Signed															
Prefix	First Name <b>RANDY</b>	Middle Name <b>ANTHONY</b>																											
Last Name <b>KYT</b>	Suffix																												
b. Title <b>MANAGER</b>	c. Telephone Number (give area code) <b>760 376-2189</b>																												
d. Signature of Authorized Representative	e. Date Signed																												

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 08/23/2005	Applicant Identifier																					
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier																					
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier																					
<b>5. APPLICANT INFORMATION</b>																								
Legal Name: BAY AREA AIR QUALITY MANAGEMENT DISTRICT		Organizational Unit: Department:																						
Organizational DUNS: 078781416		Division:																						
Address: Street: 939 Ellis Street		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Middle Name: Last Name: Suffix: Joe																						
City: San Francisco		Email: JSLAMOVICH@BAAQMD.GOV																						
County: San Francisco		Phone Number (give area code) 415.749.4681																						
State: CA	Zip Code 94109	Fax Number (give area code) 415.928.8560																						
Country:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Air Pollution Control Program §105 Grant Target Allocation \$ 1,515,082 CAPCOA Reduction <26,476> Total net allocation \$ 1,488,606																						
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-1622746		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) G. SPECIAL DISTRICT Other (specify)																						
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		<b>9. NAME OF FEDERAL AGENCY:</b> ENVIRONMENTAL PROTECTION																						
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 66-001 TITLE (Name of Program): AIR POLLUTION PROGRAM		<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Alameda, Contra Costa, Marin, Napa, SF, San Mateo, Santa Clara, Solano, Sonoma																						
<b>13. PROPOSED PROJECT</b> Start Date: 10/1/2005 Ending Date: 9/30/2006		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant CA - 8th District b. Project 04-13																						
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>1,488,606</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>36,411,279</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>1,863,870</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>15,045,000</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>1,165,504</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>55,974,259</td> </tr> </table>		a. Federal	\$	1,488,606	b. Applicant	\$	36,411,279	c. State	\$	1,863,870	d. Local	\$	15,045,000	e. Other	\$	1,165,504	f. Program Income	\$		g. TOTAL	\$	55,974,259	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 8/31/2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	1,488,606																						
b. Applicant	\$	36,411,279																						
c. State	\$	1,863,870																						
d. Local	\$	15,045,000																						
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<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																						
a. Authorized Representative Prefix: First Name: Middle Name: Last Name: Suffix: Peter F. Hess		b. Title: Deputy Air Pollution Control Officer c. Telephone Number (give area code): 415.749.4971 d. Signature of Authorized Representative: [Signature] e. Date Signed: 8/25/05																						

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 07/08/05		Applicant Identifier n/a	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: California/Nevada Community Action Partnership			Organizational Unit:		
Organizational DUNS: 032-139-768			Department:		
Address: Street: 225 30th Street, Suite 200			Division:		
City: Sacramento			Name and telephone number of person to be contacted on matters involving this application (give area code)		
County: Sacramento			Prefix: Ms. First Name: Lisa		
State: CA Zip Code: 95816			Middle Name		
Country: United States of America			Last Name: Tadlock		
			Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2892452			Email: ltadlock@cal-neva.org		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) (0) Not for Profit Organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-570			9. NAME OF FEDERAL AGENCY: DHHS-ACE/OCS		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2.6EQ - CSBG Technical Assistance to CAA Associations		
13. PROPOSED PROJECT Start Date: 09-30-04 Ending Date: 09-30-07			14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 50,000		a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant			DATE:		
c. State			b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 50,000				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative		First Name		Middle Name	
Prefix: Mr.		Tim		F.	
Last Name: Reese				Suffix:	
b. Title: Executive Director				c. Telephone Number (give area code): 916-443-1721	
d. Signature of Authorized Representative				e. Date Signed: 07-07-05	

Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name:		Department:	
City of Berkeley, California		Housing Department	
Organizational DUNS: 076529924		Division:	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: 2180 Milvia Street		Prefix:	First Name: Roger
City: Berkeley		Middle Name	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>   AUG 30 2005   STATE CLEARING HOUSE </div>
County: Alameda		Last Name: Asterino	
State: California	Zip Code: 94704	Suffix:	
Country: USA		Email: rasterino@ci.berkeley.ca.us	Phone Number (give area code): 510-981-5405
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px;">94-6000299</div>		Fax Number (give area code): 510-981-5450	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) Municipal/Local Government Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px;">14-246</div> TITLE (Name of Program):		9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The Oxford Plaza and David Brower Center is a \$65,000,000 development that includes three components: low-income rental units; a conference, office, and retail building; and an underground parking garage.	
13. PROPOSED PROJECT Start Date: 8/01/2006 Ending Date: 12/31/2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: Ninth Congressional District b. Project: Ninth Congressional District	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 4,000,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/24/05	
b. Applicant	\$ 2,000,000	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 6,434,795	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 8,260,470	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ 43,847,748	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 0		
g. TOTAL	\$ 64,543,014		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative		b. Title	
Prefix	First Name Phil	Middle Name	
Last Name Kamlarz	Suffix		
c. Telephone Number (give area code) 510-981-7000		d. Date Signed August 22, 2005	
b. Title City Manager		e. Signature of Authorized Representative	
d. Signature of Authorized Representative			

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APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 26, 2005		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: State of California			Organizational Unit: Department: Department of Industrial Relations		
Organizational DUNS: 807 487772			Division: Division of Occupational Safety & Health		
Address: Street: 1367 E. Lassen Ave., Suite B-4			Name and telephone number of person to be contacted on matters involving this application (give area-code)		
City: Chico			Prefix: Mr.		
County: Butte			First Name: Stephen		
State: CA			Middle Name: Charles		
Zip Code: 95973			Last Name: Hart		
Country: USA			Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6001347			Email: SHart@dlr.ca.gov		
			Phone Number (give area code) 530-895-6938		Fax Number (give area code): 530-895-6941
B. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) (A) State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 17-600			9. NAME OF FEDERAL AGENCY: Mine Safety & Health Administration (MSHA)		
TITLE (Name of Program): Mine Safety & Health Training Grant			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Program to provide mandatory mine safety & health training to mine operators, mine contractors, and mine specific subjects.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide					
13. PROPOSED PROJECT Start Date: October 1, 2005 Ending Date: September 30, 2006			14. CONGRESSIONAL DISTRICTS OF: a. Applicant Statewide b. Project Statewide		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	322,149	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: August 29, 2005		
b. Applicant	\$	260,657	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$		<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$				
g. TOTAL	\$	582,806			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Stephen		Middle Name Charles	
Last Name Hart				Suffix	
b. Title Principal Engineer		c. Telephone Number (give area code) 530-895-6941			
d. Signature of Authorized Representative <i>Stephen C. Hart</i>		e. Date Signed August 29, 2005			

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Version 7/03

**APPLICATION FOR  
FEDERAL ASSISTANCE**


<b>1. TYPE OF SUBMISSION</b> Application		<b>2. DATE SUBMITTED</b>		<b>Applicant Identifier</b>	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>		<b>State Application Identifier</b>	
<b>Preapplication</b> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		<b>Federal Identifier</b>	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES			Organizational Unit: DEPARTMENT OF HEALTH SERVICES;		
Organizational DUNS: 968257675			Division: Division of Drinking Water & Environmental Management		
Address: Street: 1616 Capitol Avenue (MS 7418) P.O. Box 997413			Name and telephone number of the person to be contacted on matters involving this application (give area code)		
City: Sacramento			Prefix: Mr. First Name: Stephen		
County: Sacramento			Middle Name: A		
State: California			Last Name: Woods		
Zip Code: 95899-7413			Suffix: --		
Country:			Email: swoods1@dhs.ca.gov		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 6 8 - 0 3 1 7 1 9 1			Phone number (give area code) (916) 449-5624 Fax number (give area code) (916) 449-5656		
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters.) Other specify <input type="checkbox"/> <input type="checkbox"/>			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types): Other (specify): A		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 6 8 - 4 6 8 TITLE (Name of program): CAPITALIZATION GRANTS FOR DRINKING WATER STATE REVOLVING FUND			<b>9. NAME OF FEDERAL AGENCY:</b> ENVIRONMENTAL PROTECTION AGENCY		
<b>12. AREAS AFFECTED BY PROJECT</b> (cities, counties, states, etc) CALIFORNIA - STATEWIDE			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> DRINKING WATER STATE REVOLVING FUND LOAN PROGRAM		
<b>13. PROPOSED PROJECT:</b> Start Date: End Date:			<b>14. CONGRESSIONAL DISTRICTS OF</b> a. Applicant: ALL b. Project: ALL		
<b>15. ESTIMATED FUNDING:</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal		\$85,027,600	a. Yes <input checked="" type="checkbox"/> THIS APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER REVIEW PROCESS FOR REVIEW ON DATE: March 3, 2005		
b. Applicant		0	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372		
c. State		\$17,005,520	<input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local		0			
e. Other		2,000,000			
f. Program Income		0	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> YES If "Yes" attach an explanation. <input checked="" type="checkbox"/> NO		
g. TOTAL		\$104,033,120.00			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
<b>a. Authorized Representative</b>					
Prefix Dr.		First Name Richard		Middle Name J.	
Last Name Jackson		Suffix M.D., M.P.H.			
b. Title Chief Deputy Director, State Public Health Officer		c. Telephone number (give area code) 916-440-7440			
d. Signature of Authorized Representative				e. Date Signed	

# APPLICATION FOR FEDERAL ASSISTANCE

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		<b>2. DATE SUBMITTED</b>		Applicant Identifier															
<b>1. TYPE OF SUBMISSION</b> Application		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier															
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier															
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction																			
<b>5. APPLICANT INFORMATION</b>																			
Legal Name: STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES			Organizational Unit: DEPARTMENT OF HEALTH SERVICES;																
Organizational DUNS: 968257675			Division: Division of Drinking Water & Environmental Management																
Address: Street: 1616 Capitol Avenue (MS 7418) P.O. Box 997413			Name and telephone number of the person to be contacted on matters involving this application (give area code)																
City: Sacramento			Prefix: Mr. First Name: Stephen																
County: Sacramento			Middle Name: A																
State: California			Last Name: Woods																
Zip Code: 95899-7413			Suffix: --																
Country:			Email: swoods1@dhs.ca.gov																
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <table border="1"><tr><td>6</td><td>8</td><td>-</td><td>0</td><td>3</td><td>1</td><td>7</td><td>1</td><td>9</td><td>1</td></tr></table>			6	8	-	0	3	1	7	1	9	1	Phone number (give area code) (916) 449-5624						
6	8	-	0	3	1	7	1	9	1										
			Fax number (give area code) (916) 449-5656																
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters.) Other specify <table border="1"><tr><td></td><td></td></tr></table>					<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types): Other (specify): A														
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <table border="1"><tr><td>6</td><td>8</td><td>-</td><td>4</td><td>6</td><td>8</td></tr></table>			6	8	-	4	6	8	<b>9. NAME OF FEDERAL AGENCY:</b> ENVIRONMENTAL PROTECTION AGENCY										
6	8	-	4	6	8														
TITLE (Name of program): CAPITALIZATION GRANTS FOR DRINKING WATER STATE REVOLVING FUND			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> DRINKING WATER STATE REVOLVING FUND LOAN PROGRAM																
<b>12. AREAS AFFECTED BY PROJECT</b> (cities, counties, states, etc) CALIFORNIA - STATEWIDE																			
<b>13. PROPOSED PROJECT:</b> Start Date: End Date:			<b>14. CONGRESSIONAL DISTRICTS OF</b> a. Applicant: ALL b. Project ALL																
<b>15. ESTIMATED FUNDING:</b> <table border="1"><tr><td>a. Federal</td><td>\$85,027,600</td></tr><tr><td>b. Applicant</td><td>0</td></tr><tr><td>c. State</td><td>\$17,005,520</td></tr><tr><td>d. Local</td><td>0</td></tr><tr><td>e. Other</td><td>2,400,000</td></tr><tr><td>f. Program Income</td><td>0</td></tr><tr><td>g. TOTAL</td><td>\$104,433,120.00</td></tr></table>			a. Federal	\$85,027,600	b. Applicant	0	c. State	\$17,005,520	d. Local	0	e. Other	2,400,000	f. Program Income	0	g. TOTAL	\$104,433,120.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes <input checked="" type="checkbox"/> THIS APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER REVIEW PROCESS FOR REVIEW ON DATE: March 3, 2005 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal	\$85,027,600																		
b. Applicant	0																		
c. State	\$17,005,520																		
d. Local	0																		
e. Other	2,400,000																		
f. Program Income	0																		
g. TOTAL	\$104,433,120.00																		
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> YES If "Yes" attach an explanation. <input checked="" type="checkbox"/> NO																			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																			
<b>a. Authorized Representative</b>																			
Prefix Dr.		First Name Richard		Middle Name J.															
Last Name Jackson		Suffix M.D., M.P.H.																	
b. Title Chief Deputy Director, State Public Health Officer		c. Telephone number (give area code) 916-440-7440		e. Date Signed 4/22/2005															
d. Signature of Authorized Representative [Signature]																			

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 4/28/05	Applicant Identifier
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: California State University, East Bay Foundation		Organizational Unit: Department:	
Organizational DUNS: 19-404-4335 606319309		Division:	
Address: Street: 25976 Carlos Bee Blvd.		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Hayward		Prefix: Dr.	First Name: Sam
County: Alameda County		Middle Name	
State: CA		Last Name: Basu	
Zip Code: 94542		Suffix: Ph.D.	
Country: US		Email: sam.basu@csueastbay.edu	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6390556		Phone Number (give area code) 510-885-3291	Fax Number (give area code) 510-885-4884
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Non Profit Organization <input checked="" type="checkbox"/> IF Other (specify) University - State Controlled Institution	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-708		9. NAME OF FEDERAL AGENCY: US EPA	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: P2 and Salons		12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): National	
13. PROPOSED PROJECT Start Date: 10/1/05 Ending Date: 9/30/06		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 13th b. Project National	
15. ESTIMATED FUNDING: a. Federal 5090 \$ 78,096 b. Applicant \$ 14,450 c. State \$ d. Local 509. \$ e. Other \$ 64,000 f. Program Income \$ g. TOTAL \$ 156,546		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/12/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix: Dr.	First Name: James	Middle Name: J.	
Last Name: Kelly	Suffix: Ph.D.		
b. Title: Interim Provost and Vice President, Academic Affairs	c. Telephone Number (give area code): 510-885-3711		
d. Signature of Authorized Representative	e. Date Signed: 4/28/05		

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by P.O.

JUN 22 2005

GMO, PMD-7

# APPLICATION FOR FEDERAL ASSISTANCE

Version 9/03

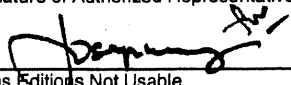
<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/>		<b>2. DATE SUBMITTED</b> <input type="text"/>	Applicant Identifier <input type="text"/>
		<b>3. DATE RECEIVED BY STATE</b> <input type="text"/>	State Application Identifier <input type="text"/>
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> <input type="text"/>	Federal Identifier <input type="text"/>
<b>5. APPLICANT INFORMATION</b>			
* Legal Name: <input type="text" value="San Jose State University Foundation"/>		Department: <input type="text" value="Moss Landing Marine Labs"/>	
* Organizational DUNS: <input type="text" value="056820715"/>		Division: <input type="text"/>	
<b>Address:</b> * Street1: <input type="text" value="210 North Fourth Street, 4th Floor"/> Street2: <input type="text"/> * City: <input type="text" value="San Jose"/> County <input type="text" value="Santa Clara"/> * State: <input type="text" value="CA"/> * Zip Code: <input type="text" value="95112"/> * Country: <input type="text" value="USA"/>		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: <input type="text" value="Dr."/> * First Name: <input type="text" value="James"/> Middle Name: <input type="text" value="T."/> * Last Name: <input type="text" value="Harvey"/> Suffix: <input type="text"/> * Email: <input type="text" value="harvey@mml.calstate.edu"/> * Phone Number (give area code) <input type="text" value="(831) 771-4434"/> Fax Number (give area code) <input type="text" value="(831) 632-4403"/>	
<b>6. * EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <input type="text" value="94-6017638"/>		<b>7. * TYPE OF APPLICANT:</b> <input type="text" value="Institution of Higher Education (Other than Institution of Higher Education)"/>	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): <input type="text"/>		<b>9. * NAME OF FEDERAL AGENCY:</b> <input type="text" value="Department of Commerce"/>	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE</b> <input type="text" value="11.439"/> TITLE: <input type="text" value="Marine Mammal Data Program"/>		<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <input type="text" value="A New Course and Teaching Materials for 'Assessing Marine Mammal Health'"/>	
<b>12. * AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): <input type="text" value="Monterey County and Santa Cruz County"/>		<b>13. * PROPOSED PROJECT:</b> * Start Date <input type="text" value="06/01/2006"/> * Ending Date <input type="text" value="05/31/2007"/>	
<b>14. * CONGRESSIONAL DISTRICTS OF:</b> * a. Applicant <input type="text" value="16"/> * b. Project <input type="text" value="17"/>		<b>15. * ESTIMATED FUNDING:</b>	
* a. Federal \$ <input type="text" value="95,105.00"/>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE <input type="text" value="08/15/2005"/> b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
* b. Applicant \$ <input type="text" value="31,749.00"/>		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
* c. State \$ <input type="text" value="0.00"/>		<b>18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>	
* d. Local \$ <input type="text" value="0.00"/>		<b>a. Authorized Representative</b> Prefix: <input type="text" value="Dr."/> * First Name: <input type="text" value="Pamela"/> Middle Name: <input type="text" value="C."/>	
* e. Other \$ <input type="text" value="0.00"/>		* Last Name: <input type="text" value="Stacks"/> Suffix: <input type="text" value="PhD"/>	
* f. Program Income \$ <input type="text" value="0.00"/>		* b. Title: <input type="text" value="AVP Graduate Studies and Research"/> * c. Telephone Number (give area code): <input type="text" value="(408) 924-2427"/>	
g. TOTAL \$ <input type="text" value="126,854.00"/>		* Email: <input type="text" value="osp@foundation.sjsu.edu"/> Fax Number (give area code): <input type="text" value="(408) 924-1496"/>	
d. Signature of Authorized Representative: <input type="text"/> Completed on submission to Grants.gov		e. Date Signed: <input type="text"/> Completed on submission to Grants.gov	

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>	<b>Applicant Identifier</b>	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b> N/A	State Application Identifier N/A	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier	
<b>5. APPLICANT INFORMATION</b>				
Legal Name: James T. Beaty, DPM. A.P.C. DBA-Ojai Family Podiatry Clinic inc.			<b>Organizational Unit:</b> Department: Telemedicine	
Organizational DUNS: 03-013-7454			Division:	
<b>Address:</b> Street: 115 Pirie Rd. STE A City: Ojai County: Ventura State: CA Country: USA			<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Dr. First Name: James Middle Name: Todd Last Name: Beaty Suffix: DPM Email: jtb0928@aol.com	
Zip Code: 93023			Phone Number (give area code) 805-646-7163	
			Fax Number (give area code) 805-646-7164	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 77-0563377				
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)				
<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) M-Profit Organization Other (specify)				
<b>9. NAME OF FEDERAL AGENCY:</b> Rural Utilities Service				
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 10-855				
<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Podiatry Telemedicine Project				
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): California cities: Blythe, Bishop, Penn Valley, Sonora, King City, Lakeport				
<b>13. PROPOSED PROJECT</b> Start Date: 11-15-05 Ending Date: 9-15-07				
<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant CA-24th b. Project CA-25, 17, 19, 4, 45, 1				
<b>15. ESTIMATED FUNDING:</b>				
a. Federal TOTAL GRANT REQUEST \$ 497,200.00				
b. Applicant TOTAL MATCH \$ 48,800.00				
c. State N/A \$ 0.00				
d. Local N/A \$ 0.00				
e. Other N/A \$ 0.00				
f. Program Income \$ .00				
g. TOTAL \$ 546,000.00				
<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 7-20-05 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW				
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No				
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>				
<b>a. Authorized Representative</b>				
Prefix: Dr.		First Name: James		Middle Name: Todd
Last Name: Beaty		Suffix: DPM		
b. Title: President		c. Telephone Number (give area code): 805-340-2735		
d. Signature of Authorized Representative		e. Date Signed: 7-28-05		

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Prescribed by OMB Circular A-102

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED <b>August 17, 2005</b>		Applicant Identifier	
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Construction  <input checked="" type="checkbox"/> Non-Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: <b>Port of Oakland</b>			Organizational Unit: <b>Port of Oakland Acting by and through its Board of Port Commissioners</b>		
Address (give city, county, state, and zip code)  <b>530 Water Street Oakland, CA 94607</b>			Name and telephone number of the person to be contracted on matters involving this application (give area code)  <b>Christina Lee (510) 627-1510</b>		
EMPLOYER IDENTIFICATION NUMBER (EIN):  <b>9 4 - 1 7 4 6 3 1 2</b>			7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>C</b>  A. State                                      H. Interdependent School District B. County                                    I. State Controlled Institution of Higher Learning C. Municipal                                J. Private University D. Township                                K. Indian Tribe E. Interstate                                L. Individual F. Intermunicipal                         M. Profit Organization G. Special District                        N. Other (Specify)		
8. TYPE OF APPLICATION:  <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(es): A Increase Award      B Decrease Award      C Increase Duration D Decrease Duration      Other (specify)			9. NAME OF FEDERAL AGENCY: <b>Federal Aviation Administration</b>		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  <b>2 0 . 1 0 6</b> TITLE: <b>Airport Improvement Program (AIP)</b>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  <b>Improve Runway Safety Areas (RSAs), Runway 11-29 and Runways 9R/L-27R/L, Phase 1 - Environmental Review and Associated Preliminary Engineering Studies</b>		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):  <b>San Francisco Bay Area</b>					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF			
Start Date <b>01/06</b>	Ending Date <b>03/08</b>	a. Applicant <b>7</b>		b. Project <b>4</b>	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ <b>1,500,000 .00</b>	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  DATE: <b>August 17, 2005</b>  b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
b. Applicant	\$ <b>361,273 .00</b>				
c. State	\$ <b>RECEIVED</b>				
d. Local	\$ <b>AUG 18 2005</b>				
e. Other	\$ <b>STATE CLEARING HOUSE</b>				
f. Program income	\$ <b>STATE CLEARING HOUSE</b>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$ <b>1,861,273 .00</b>	<input type="checkbox"/> Yes If yes, attach an explanation <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED					
a. Typed Name of Authorized Representative <b>Steve Grossman</b>		b. Title <b>Director of Aviation</b>		c. Telephone number <b>(510) 627-1133</b>	
d. Signature of Authorized Representative 				e. Date Signed <b>August 17, 2005</b>	

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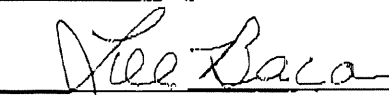
Standard Form 424 (REV 4-88)  
Prescribed by OMB Circular A-102

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION		Organizational Unit:			
* Legal Name: Los Angeles County Sheriff's Department		Department:			
* Organizational DUNS: 026950676		Division:			
Address:		* Home and telephone number of person to be contacted on matters involving this application (give area code)			
* Street1: 4700 Ramona Boulevard		Prefix: * First Name: Michelle			
Street2:		Middle Name: A.			
* City: Monterey Park County Los Angeles		* Last Name: Day			
* State: CA * Zip Code: 91754 * Country: USA		Suffix: * Email: grants@lasd.org			
6. * EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000927		* Phone Number (give area code) 323-526-5212 Fax Number (give area code) 323-415-1388			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		7. * TYPE OF APPLICANT: County Government			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE TITLE:		9. * NAME OF FEDERAL AGENCY: Community Oriented Policing Services			
12. * AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles County, State of California		11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FY 05-06 Regional Community Policing Institute-California, Integrity Curriculum Training and Technical Assistance Program			
13. * PROPOSED PROJECT: * Start Date: 10/01/2005 * Ending Date: 03/31/2007		14. * CONGRESSIONAL DISTRICTS OF: * a. Applicant: 242526272829303132333435363738 * b. Project: 24 25 26 27 28 29 30 31 32 33			
15. * ESTIMATED FUNDING: * a. Federal: \$ 600,000.00 * b. Applicant: \$ * c. State: \$ * d. Local: \$ * e. Other: \$ * f. Program Income: \$ g. TOTAL: \$		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE 08/18/2005 b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix: * First Name: Leroy Middle Name: D. * Last Name: Baca Suffix:		* b. Title: Sheriff * c. Telephone Number (give area code): 323-526-5000 * Email: lrbaca@lasd.org and grants@lasd.org Fax Number (give area code): 323-267-6800			
d. Signature of Authorized Representative: Completed on submission to Grants.gov		e. Date Signed: Completed on submission to Grants.gov			

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 Leroy D. Baca, Sheriff
Standard Form 424 (Rev. x-xx)  
Prescribed by OMB Circular A-102

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> August 15, 2005		Applicant Identifier	
		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: Yuba-Sutter Economic Development Corporation			<b>Organizational Unit:</b> Department:		
Organizational DUNS: 120321596			Division:		
<b>Address:</b> Street: 1227 Bridge Street, Suite C			<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr. First Name: Tim		
City: Yuba City			Middle Name		
County: Sutter			Last Name Johnson		
State: California		Zip Code 95991	Suffix:		
Country: U.S.			Email: tjohnson@ysedc.org		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 68-0342145			Phone Number (give area code) 530-751-8555		Fax Number (give area code) 530-751-8515
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) <input type="checkbox"/> O. Not for profit organization (Economic Development District) Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 11-303			<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Commerce, Economic Development Administration		
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): Yuba and Sutter counties, California			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Autonomous Technology Business Development Strategy		
<b>13. PROPOSED PROJECT</b> Start Date: December 1, 2005 Ending Date: November 30, 2006			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant District 2 b. Project District 2		
<b>15. ESTIMATED FUNDING:</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal \$ 150,000.00 b. Applicant \$ 32,500.00 c. State \$ .00 d. Local \$ .00 e. Other \$ 67,500.00 f. Program Income \$ .00 g. TOTAL \$ 250,000.00			a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: August 15, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
<b>a. Authorized Representative</b>					
Prefix Mr.		First Name Tim		Middle Name	
Last Name Johnson		Suffix		c. Telephone Number (give area code) 530-751-8555	
b. Title Executive Director		d. Signature of Authorized Representative		e. Date Signed August 15, 2005	

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OMB Approval No. 0348-0043

**APPLICATION FOR FEDERAL ASSISTANCE**

1. Type of Submission: Application _____ Preapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
		3. Date Rec'd by State	State Application Identifier
		4. Date Rec'd by Federal	Federal Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		Organizational Unit: Division of Financial Assistance Name and telephone of person to be contacted on matters involving this application (give area code): Christopher Stevens (916) 341-5698	
6. Employer Identification Number (EIN): 68--0281986		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
6. D U N S Number: 808321913			
8. Type of Application: <input checked="" type="checkbox"/> New _____ Revision _____ Continuation _____ If Revision, enter appropriate letter(s): _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		9. Name of Federal Agency: U. S. Environmental Protection Agency	
10. Catalog of Federal Domestic Assistance Number 66.463 Title: Water Quality Cooperative Agreements		11. Descriptive Title of Applicant's Project:  This project is to install the Environmental Benefits module into the State Water Board Loans and Grants Tracking System (LGTS). This project will give the Water Board the ability to assess the environmental benefit of water quality protection and improve management of programs such as the Clean Water State Revolving Fund (CWSRF).	
12. Area Affected by Project: (cities, counties, states, etc.) California			
13. Proposed Project: Start Date 11/1/2005 End Date 3/31/2007		14. Congressional District of: Applicant: 3 Project: California - All	
15. ESTIMATED FUNDING: a. Federal \$90,000 b. Applicant \$0 c. State \$0 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$90,000		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: August 17, 2005 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
		17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation _____ <input checked="" type="checkbox"/> NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Celeste Cantú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:	

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> April 25, 2005  <b>3. DATE RECEIVED BY STATE</b>  <b>4. DATE RECEIVED BY FEDERAL AGENCY</b> 5/10/05		<b>Applicant Identifier</b> 8CA05002  <b>State Application Identifier</b> 8CA05002  <b>Federal Identifier</b> 05-DG-11052021-107	
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<b>5. APPLICANT INFORMATION</b>																																																																											
<b>Legal Name:</b> California Department of Forestry and Fire Protection  <b>Organizational DUNS:</b> 792358095  <b>Address:</b> Street: 1416 9th. Street P.O. Box 944246 City: Sacramento County: Sacramento State: California Zip Code: 94244-2460 Country: United States			<b>Organizational Unit:</b> Department: California Department of Forestry and Fire Protection Division: Resource Management  <b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: First Name: Middle Name: Last Name: Suffix: Robb B. Forsberg  Email: robb.forsberg@fire.ca.gov Phone Number (give area code): Fax Number (give area code): (916) 653-9299 (916) 653-8957																																																																								
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 69-0306069			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) State Other (specify)																																																																								
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Forest Service, Department of Agriculture																																																																								
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> Forest Health Protection TITLE (Name of Program): Cooperative Forestry Assistance 10-680			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Cooperative Lands Forest Health Management Program																																																																								
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Statewide																																																																											
<b>13. PROPOSED PROJECT</b> Start Date: 2005-07-01 Ending Date: 2006-12-31																																																																											
<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: 3 b. Project: statewide			<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			a. Federal	\$									b. Applicant	\$									c. State	\$									d. Local	\$									e. Other	\$									f. Program Income	\$									g. TOTAL	\$								
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<b>a. Authorized Representative</b> Prefix: First Name: Middle Name: Last Name: Suffix: William E. Snyder Deputy Director For Resource Management Signature of Authorized Representative: [Signature] Previous Edition Usable Authorized for Local Reproduction																																																																											
c. Telephone Number (give area code): (916) 653-4298 e. Date Signed: 5/10/05																																																																											